

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-021142
5389 STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 318 Primary Registration District 1003 Registrar's No. 5389

FILED JUN 7 1962

VS 300
Rev. 4/59

1
2 22
3 4
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11 71-0
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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS		c. CITY OR TOWN ST. LOUIS	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ENROUTE LUTHERAN HOSP		d. STREET ADDRESS (If outside, give location) 2847 MISSOURI AVE	
3. NAME OF DECEASED (Type or print) First Middle Last HERMAN J WESSELS		4. DATE OF DEATH Month Day Year MAY 29 1962	
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH JAN 5. 1905
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) DISABLED DAIRY WORKER		11. BIRTHPLACE (City and state or country) MISSOURI U-S-A	
13a. FATHER'S NAME HENRY WESSELS		13b. MOTHER'S MAIDEN NAME MARY KLOSTERMANN	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. [REDACTED]	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute Cardiac Failure</u> DUE TO (b) <u>Post Coronary Infarct</u> DUE TO (c) <u>Chronic Cardiac Damage</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 420.1		14. NAME OF HUSBAND OR WIFE MABEL WESSELS 12. CITIZEN OF WHAT COUNTRY U-S-A INTERVAL BETWEEN ONSET AND DEATH 1 day 2 hours 24 min	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20c. TIME OF INJURY Hour a.m. p.m.		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Jan 1960 May 29/62	
21. I attended the deceased from Death occurred at 4:20 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.		20f. CITY, TOWN OR LOCATION ST. LOUIS	
22a. SIGNATURE [Signature]		22b. ADDRESS 420.1	
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		23b. DATE JUNE 1 1962	
23c. NAME OF CEMETERY OR CREMATORY SUNSET BURIAL PARK CEM		23d. LOCATION (City, town, or county) ST. LOUIS, MO.	
23e. FUNERAL DIRECTOR Thomas Hatis 2906 Gravois		25. DATE RECD. BY LOCAL REG. MAY 29 1962	
23f. ADDRESS		REGISTRAR'S SIGNATURE R. M. D.	

Dr. Rockling
4724 Kansas

11 A.M. to 12:30

Jan 11 1956

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

J. G. Humphrey

Licensed Embalmer No.

4772

P. O. Address

2906 Kansas

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.